

Introduction

In 2004, approximately 25 percent of the United States population was under the age of 18. The racial and ethnic distribution of these 73 million children demonstrates the growing diversity of this population: 58 percent were non-Hispanic White, 19 percent were Hispanic, 15 percent were Black, 4 percent were Asian or Pacific Islander, and the remaining 4 percent were of other races (including more than one race). The health of these children depends on preventive services such as prenatal care and immunization, as well as the promotion of healthy life choices. These measures help assure that children are born healthy and maintain good health as they age, and to be successful requires the continuing effort of individuals, families, communities, and health care providers.

Preventive care for children begins even before they are born. Timely prenatal care is an important preventive strategy that can help protect the health of both mother and child. Entry into prenatal care during the first trimester has been improving, reaching 84.1 percent of pregnant women in 2003. This rate is lower for younger women and Black and Hispanic women. A small

number of pregnant women (3.5 percent in 2003) go without prenatal care until the third trimester, or forgo it entirely. This is more common among Black and Hispanic women, as well as younger women, unmarried women, and women with low levels of education.

Healthy birth weight is an important indicator of young children's health. Despite high rates of prenatal care utilization, the rate of low birth weight (LBW)—less than 2,500 grams (5 pounds 8 ounces)—is currently at the highest level recorded in the past 3 decades. In 2003, 7.9 percent of all births were considered low birth weight. Very low birth weight (VLBW)—less than 1,500 grams (3 pounds 4 ounces)—is also on the rise, representing 1.4 percent of all live births in 2003, compared to approximately 1 percent in 1980. These babies are significantly more likely to die in the first year of life than babies of normal birth weight, and those who survive are at particularly high risk for severe physical, developmental, and cognitive problems. Although rates of maternal and infant mortality have dropped dramatically in the past century, the United States still has one of the highest rates of infant death in

the industrialized world. Of every 1,000 infants born alive in 2003, seven died in their first year.

Breastfeeding can also support the health of infants and mothers. Breastfeeding rates have increased steadily since the beginning of the 1990s. In 2003, the breastfeeding initiation rate reached 70.9 percent, the highest yet recorded. However, the rate declines dramatically as infant age increases, and only 36.2 percent of mothers were still breastfeeding their infants at 6 months. The exclusive breastfeeding at 6 months rate was even lower (14.2 percent).

The preventive health measure that is probably most recognized among the public is childhood immunization. Vaccines are available for public health threats such as measles, mumps, rubella (German measles), polio, diphtheria, tetanus, pertussis (whooping cough), and H. influenzae type b (a bacterium that causes meningitis). The Healthy People 2010 objective is to immunize at least 90 percent of 19- to 35-month-olds with the full series of recommended childhood vaccines. A 2002-03 survey from the Centers for Disease Control and Prevention shows that 80.5 percent of children 19 to 35 months of age had

received the recommended series of vaccines. As a result of the increasing success of immunization, the number of reported cases of vaccine-preventable diseases continues to decrease. In 2003,



there were no reported cases of diphtheria, tetanus, rubella, or polio among children under 5 years of age, and very few cases of hepatitis B, measles, and mumps.

Dental care is another important preventive service for children—one that is too often overlooked. In 2003, 70.8 percent of children visited a dentist within the past year, but among children living in families with incomes below 200 percent of the poverty level the rate was only 60.5 percent. To promote good oral hygiene, the American Academy of Pediatrics recommends that children begin annual dental visits within 6 months of the eruption of their first tooth and no later than 12 months of age.

Despite our best preventive efforts, children are still vulnerable to a number of diseases, conditions, and other risks to their health and well-being. Asthma, for instance, is a disease that causes wheezing, chest tightness, and shortness of breath, and can lead to school absences, hospitalization, and even death. In 2003, almost 8 percent of children under 18 years of age were reported by parents to be affected by asthma. This includes all children whose parents reported that a doctor ever told them the child had asthma and that the child still has asthma, and children

who, in the past year, used asthma medication, had moderate or severe difficulties combined with an attack, or had been hospitalized for asthma. It was most often reported among non-Hispanic Black children and children living in families with incomes below the poverty level.

According to the Youth Risk Behavior Survey, 13.5 percent of high school students were overweight in 2003, and almost one-third described themselves as overweight. Childhood overweight is associated with significant health problems; for instance, high cholesterol and high blood pressure, which are risk factors for heart disease, occur more frequently among overweight children than those with a healthier weight. Overweight is also closely linked to type 2 diabetes, and can have emotional effects such as poor self-esteem and depression.¹ Regular exercise helps to regulate weight, and in 2003, over 60 percent of high school students engaged in sufficient vigorous activity and over half of high school students performed regular strengthening exercises.

Mental health issues are also a risk to the health of children and adolescents. In 2003, approximately 10 percent of children were reported by their parents to have moderate to severe socio-emotional problems; this includes children who

have difficulties with emotions, concentration, behavior, or getting along with other people. Socio-emotional problems were most common among males and non-Hispanic Black children. Over 20 percent of children ages 12 to 17 years received mental health treatment or counseling, most commonly for feeling depressed, breaking rules or acting out, feeling afraid or tense, having suicidal thoughts or attempts, and having problems at home. Most who received treatment did so from a private therapist or counselor, or from school sources; 9 percent were hospitalized for treatment of their mental health problems.

Unfortunately, the health of children and adolescents can also be affected by HIV/AIDS. At the end of 2003, 9,419 cases of AIDS had been reported in children younger than 13 since the epidemic began in the early 1980s. Pediatric AIDS cases represent just over 1 percent of all AIDS cases ever reported. Cases of HIV/AIDS among adolescents and young adults 13 to 24 years of age represented 12 percent of all diagnoses in 2003. Adolescents and young adults represented approximately 4 percent of all people living with HIV/AIDS in 2003, and 1 percent of people who died with the disease.

Adolescents and young adults are also vulnerable to sexually transmitted infections (STIs) such

as chlamydia, gonorrhea, and syphilis. These can lead to pelvic inflammatory disease and infertility if left untreated, while increasing the risk of contracting other STIs. Young adults ages 20 to 24 years generally have higher rates of infection than teens, and non-Hispanic Black youth have higher rates than their non-Hispanic White and Hispanic peers.

Many of the decisions that adolescents and young adults make affect their future health and success in life. Some adolescents and young adults never complete high school, which can lead to unemployment and decreased health status. In 2002, there were over 3.7 million high school dropouts in the United States (this comprises 16- to 24-year-olds who have not earned a diploma and are not enrolled in school). Some teens also become parents, although the rate of adolescent childbearing has dropped considerably in the past decade. The birth rate among adolescent females ages 15 to 17 years was 41.7 per 1,000 in 2003, a 33 percent decrease since the most recent peak in 1991. Rates are highest among older teens and Hispanic youth.

The health and well-being of adolescents can also be threatened by the use of alcohol and drugs. In 2003, 18 percent of 12- to 17-year-olds reported using alcohol, and over 11 percent

reported using illicit drugs in the past month. The most commonly reported drug is marijuana, followed by the nonmedical use of prescription drugs, such as pain relievers and tranquilizers. Over half of teens reported that marijuana would be fairly or very easy to obtain, and 16 percent of adolescents reported being approached by someone selling drugs in the past month.

Data presented in *Child Health USA 2005* are important for both appreciating America's public health achievements and recognizing the challenges that we still face. The health of our children and adolescents relies on effective public health efforts that include providing access to knowledge, skills, and tools; providing drug-free alternative activities; identifying risk factors and linking people to appropriate services; building community supports; and supporting approaches that promote policy change. Such preventive efforts and health promotion activities are vital to the continued improvement of the health and well-being of America's children and families.

1 Office of the Surgeon General. *The Surgeon General's call to action to prevent and decrease overweight and obesity*. Washington, DC: U.S. Department of Health and Human Services; 2001.